

<b>Logo</b>	<b>Centre name</b> <b>Address</b>	Doc No	AAPC/CM/07
		Issue No	AAPC/I/01
		Date	02/11/2021
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<b>Quality Improvement Committee</b>			

<b>TITLE</b>	Terms of Reference – CQI Committee
<b>SUMMARY</b>	This document details the constitution and functioning of the Quality Improvement Committee at <b>Centre Name</b>
<b>DISTRIBUTION</b>	All departments, units and wards of the Hospital through Hospital Manual.

#### I. Members of the Committee

SI	Members of the committee	Names of the committee members
1	Chairman	<b>Doctor Name</b>
2	Chief Administrative Officer	<b>Doctor Name</b>
3	Clinicians	<b>Doctor Name</b>
4	Accreditation Co-coordinator	<b>Doctor Name</b>

<b>Prepared By</b>	<b>Approved By</b>
<b>Doctor Name</b>	<b>Doctor Name</b>

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## I. Roles and Responsibilities

The responsibilities of the Quality Improvement Committee are as follows.

- Planning of the quality management system
- Establishment, monitoring and review of quality indicators
- Ensuring the availability of resources as required by the quality management system
- Conducting management reviews
- Reviewing non-performances related to services
- Reviewing internal audit reports
- Analysis of data on process and service measurements
- Analysis of patient satisfaction data and complaints
- Ensuring timely corrective and preventive actions
- Ensuring continual improvement of the quality management system

## II. Roles and Responsibilities

### A. Establishment of Quality Objectives & Indicators

The Quality Improvement Committee is responsible for establishment of quality objectives for various areas. These shall be in line with the recommended Clinical / Managerial Structures, Process & outcome indicators.

### B. Review quality objectives and indicators

The Quality Improvement Committee shall review the status of achievement of each quality indicator during its management review.

Wherever possible these quality indicators shall be bench marked against international or national centers of repute, standards recommended by national / international bodies or evidence of practice as reported in peer reviewed publications / accepted reference books.

The target levels of achievements for each indicator will be set by the Quality Improvement Committee based on the recommendation made by the respective Committee Chairpersons / Head of the Department concerned.

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Doctor Name	Doctor Name

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The status of achievement of the same shall be reported / presented by the respective In-charges during the quarterly management review meetings by the Quality Improvement Committee. The Convener will circulate the agenda of each meeting at least a week before the meeting. Each committee meetings will have the following reports presented to the committee as a part of the regular proceedings;

- Report on Medication Errors / Adverse Drug Events
- Report of Patient Safety / General Safety Incidents.
- Report of Infection Control Activities
- Report on Patient Satisfaction Surveys & Complaint Analysis
- Report on Incidence Report Analysis / Risk Management Assessment / Statutory Compliance
- Sentinel Event Analysis Reports
- Report of Internal Assessment Findings
- Report on Employee Satisfaction and Training & Development Activities
- Report on Utilization of Services & Facilities

#### **C. Record of Proceedings**

The Convener will be responsible for preparing the Recording of Proceedings (ROP) with appropriate action plans and target dates for achieving the same. The same shall be widely circulated in the Hospital for sharing of information.

#### **D. Term of the committee**


The committee is appointed by the Chairman - **Doctor Name**

#### **E. Agenda**

Agendas for the meeting shall be prepared by the secretary in consultation with the chair person and signed by the chair. Then it is sent to all committee members and other experts. The agenda shall be sent to all at least one week before the scheduled meeting.

A meeting shall be called even by an oral / telephone communication in case of an emergency meeting. A justification for the emergency meeting has to be given.

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#### **F. Minutes**

Shall be prepared by secretary and sent to the committee. It is signed by the chairperson and then sent to the Chairman for the approval within a week of the meeting. The minutes shall be sent with the copy of agenda of that meeting.

The approved minutes are circulated to all the committee members and the person concerned for implementation.

#### **G. Role of Secretary (Member Secretary)**

- Prepare the agenda for the next meeting
- Circulate the agenda approved by the chair person with the date to the members and the concerned persons and departments.
- The minutes of meeting shall be prepared by the secretary
- Submission for approval of minutes by the Chairman and then circulating it to member after approval is also done by the secretary
- To maintain all records (as per list) related to the committee


#### **H. Decision Making**

A thorough discussion of the agenda shall be done by the committee members and based on their suggestion and recommendations the issue shall be weighed. Also as and when needed any kind of trial study may be performed and based on the outcome of it the committee will decide on that issue.

#### **G. Records to be maintained**

- List and details of all members
- Copy of all agendas, minutes of all meeting
- Copy of any other correspondence to the committee members or nonmembers.
- Copy of any study conducted for the sake of the committee.

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### AMENDMENT RECORD

AMENDMENT		DOCUMENT SECTION NO	DETAILS OF AMENDMENT	EDITION STATUS	REV. STATUS
NO	DATE				

<b>Prepared By</b>	<b>Approved By</b>
<b>Doctor Name</b>	<b>Doctor Name</b>